

Department of Public Health  
and Human Services

Section:  
FORMS

SUPPLEMENTAL NUTRITION ASSISTANCE  
PROGRAM (SNAP)

Subject:  
Forms List

**Supersedes:** FS 1600 (04/01/07)

**Introduction:** Listed below are the forms that are currently used in the Food Stamp Program.

FORM #	REVISION DATE	TITLE	MANUAL LOCATION
HCS/FS-001	03/05	Referral Form Food Stamp Employment & Training	FS-700
HCS-003	11/04	Food Stamp Pamphlet	
► HCS/FS-004	01/09	Request of Offset Supplemental Nutrition Assistance Program ( SNAP) Debt with Electronic Benefit Balance	FS-1504-1
HCS-005	02/06	Fair Hearing Pamphlet	FS-1506-1
HCS/FS-006	04/06	Using Your Montana Access Card	
DPHHS-LS-007	11/96	Administrative Review Report	FS-1506-2
► HCS/FS-008	02/09	Supplemental Nutrition Assistance Program (SNAP) Six-Month Report	FS-1501-3
HCS/FS-009	03/05	Food Stamp Employment & Training Contractual Agreement	
HCS-009	08/03	Tips for Finding the Right Job	
HCS/FS-011	12/03	Food Stamp Employment & Training Employability Plan	
HCS/FS-013	04/05	FSET Assessment Summary	
HCS-018	01/07	Making Sense of Public Assistance	FS-101-1
HCS-101	07/07	Authorization to Release Information	FS-101-1
HCS-102	08/00	One Time Only Authorization to Release Information	FS-101-1
HCS-103	08/00	Inter-Agency Authorization to Release Information	FS-101-1

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HCS-130	02/04	Rent Verification	FS-602-4
HCS-208	11/03	Request for Medical Evaluation	FS-701-1
▶ HCS-214	06/07	Overpayment Log	FS-1504-1
HCS-220	08/05	Rights and Responsibilities Form	FS-103-3
HCS-242	03/07	Report of Employment Income	FS-500
HCS-250	09/05	Application for Assistance	FS-103-1
▶ HCS-252	10/08	Supplemental Nutrition Assistance Program (SNAP) Application	FS-103-1
▶ HCS-260B	02/09	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	FS-1501-1
HCS-261B	11/04	Adding A New Food Stamp Household Member	FS-1501-5
▶ HCS-272	02/09	Redetermination/Recertification Report	FS-1502-1
HCS-451	10/01	List of Medical Expenses	FS-602-3
HCS-516	04/00	Farm Self-Employment Questionnaire	FS-503-1
HCS-517	04/00	Self-Employment Questionnaire for Dependent Care	FS-503-1
HCS-518	04/00	Self-Employment Questionnaire for Business Other than Farming or Dependent Care	FS-503-1
HCS-519	04/00	Checklist for Determination of Self-Employment Budgeting	FS-503-1
HCS-520	04/00	Food Stamp Self-Employment Worksheet	FS-503-1
FA-521	03/06	Food Stamp Computation Worksheet	FS-601-1 FS-602-1
FA-522	07/99	Food Stamp Resource Worksheet	FS-400
FA-524	08/02	Civil Rights Requirements Food Stamp Employment & Training Program	FS-700
HCS-536	04/05	Authorized Representative (Group Home) Responsibilities & Liabilities	FS-201-6
HCS-540	04/00	Student Income & Expense Statement	FS-504-1
HCS-542	10/00	Self-Employment Record	FS-503-1

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HCS-543A	08/03	Food Stamp Program Work Registration- Understanding & Agreement Form	FS-700
HCS-545	09/03	Able-Bodied Adults Without Dependents Time Limit Exemptions List	FS-801-1
HCS-549	07/07	Food Stamp Employment & Training Program Supportive Service Request	
HCS-552	06/05	Request for Verification to Remove Disqualification for Benefits	FS-201-1
HCS-559	01/03	Office of Public Assistance Program Payments	FS-1504-1

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